HIV/HCV TEST FORM
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 60087 (Rev. 2/2017)

Session Date: _____

CTR Site Information

Agency ID	*Site ID*	*Site County*	*Site Zip Code*	*Site Type:* ☐ CTR ☐ School ☐ Shelter ☐ Outreach ☐ Corrections ☐ Public Place

Client's Demographics

First Name	*Last Name*	*Birth Date*	*Country of Birth*

Street Address	*City*	*County*	*State*	*Zip Code*	*Phone Number*

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Refused

Race: ☐ American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Refused

Current Gender: ☐ Male ☐ Female ☐ Transgender MTF ☐ Transgender FTM ☐ Transgender Unspecified ☐ Refused

Gender at Birth: ☐ Male ☐ Female ☐ Refused

Insurance Status: ☐ Private ☐ Medicare ☐ Medicaid ☐ Medicaid Expansion ☐ No Insurance ☐ Other ☐ Unknown

Was Client Billed for HIV Test? ☐ Yes ☐ No | *Was Client Billed for Hepatitis C Test?* ☐ Yes ☐ No

Previous HIV Testing

Has Client Been Previously Tested for HIV? ☐ Yes ☐ No ☐ Unknown ☐ Refused | *If yes, Date Tested:* ___/___/____

If yes, Reported Test Results: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown ☐ Refused ☐ Preliminary Positive

Previous HCV Testing

Has Client Been Previously Tested for HCV? ☐ Yes ☐ No ☐ Unknown ☐ Refused | *If yes, Date Tested:* ___/___/____

If yes, Reported Test Results: ☐ HCV Antibody Positive ☐ HCV RNA Positive ☐ HCV RNA Negative ☐ HCV Antibody Negative ☐ HCV Positive ☐ Unknown

HIV & Hepatitis C Test Information

HIV Test Information		***HIV Confirmatory Test***		***HCV Test Information***		***HCV Confirmatory Test***	
Collection Date: ____/____/____		Collection Date: ____/____/____		Collection Date: ____/____/____		Collection Date: ____/____/____	
Worker ID:		If rapid reactive, did client provide a confirmatory sample?	☐ Yes ☐ Refused ☐ Did Not Return/Could Not Locate ☐ Referred to Another Agency ☐ Other	Worker ID:		If rapid reactive, did client provide a confirmatory sample?	☐ Yes ☐ Refused ☐ Did Not Return/Could Not Locate ☐ Referred to Another Agency ☐ Other
Test Technology:	☐ Conventional ☐ Rapid ☐ Other			Test Technology:	☐ Conventional ☐ Rapid ☐ Other		
Specimen Type:	☐ Blood: finger stick ☐ Blood: venipuncture			Specimen Type:	☐ Blood: finger stick ☐ Blood: venipuncture		
Test Result:	☐ Positive ☐ Indeterminate ☐ Invalid ☐ Negative	Test Result:	☐Positive ☐ Indeterminate ☐ Invalid ☐ Negative	Test Result:	☐ Positive ☐ Indeterminate ☐ Invalid ☐ Negative	Test Result:	☐ RNA Positive ☐ RNA Negative ☐ Confirmatory Ab Positive ☐ Confirmatory Ab Negative
Results Provided? ☐ Yes ☐ No		Results Provided? ☐ Yes ☐ No		Results Provided? ☐ Yes ☐ No		Results Provided? ☐ Yes ☐ No	
Date Provided: ____/____/____		Date Provided: ____/____/____		Date Provided: ____/____/____		Date Provided: ____/____/____	
Why were results not provided?	☐ Declined Notification ☐ Did Not Return/Could Not Locate ☐ Obtained Results from Another Facility ☐ Other	Why were results not provided?	☐ Declined Notification ☐ Did Not Return/ Could Not Locate ☐ Obtained Results from Another Facility ☐ Other	Why were results not provided?	☐ Declined Notification ☐ Did Not Return/Could Not Locate ☐ Obtained Results from Another Facility ☐ Other	Why were results not provided?	☐ Declined Notification ☐ Did Not Return/Could Not Locate ☐ Obtained Results from Another Facility ☐ Other

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Counselor Worker ID

Behavioral Risk Profile

Did client complete a behavioral risk profile?	☐ Yes, risk was identified	☐ No, client was not asked about behavioral risk factors
	☐ Yes, but no risk was identified	☐ No, client declined to discuss behavioral risk factors

Risk Factors - Reports Behaviors that Occurred in Past 12 Months, Check all that apply.

Has client EVER reported having Vaginal or Anal Sex with a Male?	☐ No	☐ Yes	☐ Don't Know
In the past 12 months, did client report having Vaginal or Anal Sex with a Male?	☐ No	☐ Yes	☐ Don't Know
▪ Without a condom?	☐ No	☐ Yes	☐ Don't Know
▪ Who is IDU (injection drug user)?	☐ No	☐ Yes	☐ Don't Know
▪ Who is HIV positive?	☐ No	☐ Yes	☐ Don't Know
▪ *Female Clients Only*: who has sex with other males (MSM)?	☐ No	☐ Yes	☐ Don't Know
Has client EVER had Vaginal or Anal Sex with a Female?	☐ No	☐ Yes	☐ Don't Know
In the past 12 months, did client report having Vaginal or Anal Sex with a Female?	☐ No	☐ Yes	☐ Don't Know
▪ Without a condom?	☐ No	☐ Yes	☐ Don't Know
▪ Who is IDU (injection drug user)?	☐ No	☐ Yes	☐ Don't Know
▪ Who is HIV positive?	☐ No	☐ Yes	☐ Don't Know
Has client EVER has Vaginal or Anal Sex with a Transgender Person?	☐ No	☐ Yes	☐ Don't Know
In the past 12 months, did client report having Vaginal or Anal Sex with a Transgender Person?	☐ No	☐ Yes	☐ Don't Know
▪ Without a condom?	☐ No	☐ Yes	☐ Don't Know
▪ Who is IDU (injection drug user)?	☐ No	☐ Yes	☐ Don't Know
▪ Who is HIV positive?	☐ No	☐ Yes	☐ Don't Know
Did Client EVER Report Injection Drug Use?	☐ No	☐ Yes	☐ Don't Know
Has Client Ever Shared Injection Drug Equipment?	☐ No	☐ Yes	☐ Don't Know
In the past 12 months, did client report Injection Drug Use?	☐ No	☐ Yes	☐ Don't Know
Did Client EVER Report Non-Injection Drug Use?	☐ No	☐ Yes	☐ Don't Know
In the past 12 months, did client report non-injection drug use?	☐ No	☐ Yes	☐ Don't Know
Specify Type of Drug _____			

Additional HIV Risk Factors, Check all that apply.

☐ Exchange sex for drugs/money/other	☐ Sex with anonymous partner
☐ Diagnosed with a STD	☐ Sex with someone who exchanges sex for drugs/money
☐ Sex while intoxicated/high	☐ Victim of sexual assault
☐ Sex with multiple partners	☐ Patient requested testing – ***Only use if no risk identified***

Additional HCV Risk Factors, Check all that apply.

☐ Have HIV infection	☐ Receiving long-term hemodialysis
☐ Received blood clotting factors before 1987	☐ Received tattoos or body piercings in a non-sterile setting
☐ Received blood transfusion or organ transplant before 1992	☐ Have sex with HCV infected individual
☐ Abnormal liver tests	☐ Family member in household has HCV infection
☐ Mother had HCV infection	☐ Baby Boomer screening (born between 1945 & 1965)
☐ Family member HCV Positive	☐ Patient requested testing – ***Only use if no risk identified***

Viral Hepatitis Vaccine

Was hepatitis A and/or B vaccine given? ☐ Yes ☐ No		
If no, why? ☐ Not at risk for HCV ☐ Facility doesn't offer vaccine	☐ Client is up to date ☐ Refused Vaccine	☐ Private Vaccine Administered ☐ Other _____
If yes, type of vaccine given: ☐ Hepatitis A ☐ Hepatitis B ☐ Twinrix (Hepatitis A and Hepatitis B) Date Administered: ____/____/____	Date Administered: ____/____/____	Date Administered: ____/____/____